



# BEST FRIENDS 4-H CLUB - LEADER AND 4-H'ER'S YEARLY REGISTRATION FORM

Updated 8/31/2023/lsc



Best Friends 4-H Club yearly registration is valid from **September 1, 20** \_\_\_\_\_ to **August 31, 20** \_\_\_\_\_  
Is Best Friends 4-H Club my primary 4-H Club? ☐ YES ☐ NO

**FOR THE 4-H MEMBER ONLY** (TR CHILD UNDER 18 YEARS OF AGE OR NTR CHILD UNDER 26 YEARS OF AGE):

My child will be in Best Friends 4-H Club's Summer Dog Project for the

☐ Traditional (TR) Dog Training Program ☐ Non-Traditional (NTR) Dog Training Program

My child ☐ Has his / her own dog to train. ☐ Will need a Volunteer Team Canine to train with

My child would like to be ☐ Involved in the Summer Dog Project Only

☐ All Best Friends 4-H Club canine related 4-H and community service projects throughout the year.

Child's Date of Birth: \_\_\_\_\_ BCYF's ID: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR THE ADULT 4-H LEADER OR TEEN LEADER ONLY** (PLEASE NOTE: TEEN LEADER MUST BE 18 YEARS OF AGE):

I am classified as a ☐ 4-H Teen Leader Instructor ☐ Team Instructor ☐ NTR Leader  
☐ Best Friends 4-H Club Class Instructor ☐ Best Friends 4-H Club Resource Leader

I will be involved in Best Friends 4-H Club's ☐ Summer Dog Training Project Only

☐ Year-Round Canine Therapy Community Service Projects including the Summer Dog Training Project

☐ Year-Round Canine Therapy Community Service Projects ONLY (Books Hounds, School, Hospital and Nursing Home Visits, etc.)

Will you need a canine to work with? ☐ YES ☐ NO

Name of Adult: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURES AND AGREEMENTS:** Please read carefully before you sign.

1. With my signature, I attest that the above information is accurate and true.
2. With my signature, I have read the ☐ Best Friends 4-H Club's Website Policy and ☐ the Best Friends 4-H Club's Canine Policy.
3. With my signature, I do hereby ☐ GIVE CONSENT ☐ DO NOT GIVE CONSENT to post my own and/or my child's audio, video, film, and/or print image on the Best Friends 4-H Club's website located at [www.bf4hclub.com](http://www.bf4hclub.com).

Signature of: ☐ Parent/Guardian and/or ☐ Self

Today's Date: \_\_\_\_\_  
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MICHIGAN STATE UNIVERSITY EXTENSION -  
BERRIEN COUNTY 4-H YOUTH PROGRAM -  
BEST FRIENDS 4-H CLUB LIABILITY AGREEMENT  
*Updated 10/4/2022/lsc*







**For Parent / Guardian and Adult Member - Informed Consent and Release of Liability Agreement**

**This form is valid from September 1, 20\_\_\_\_\_ to August 31, 20\_\_\_\_\_.**

No individual can be accepted into the Berrien County, Michigan, Best Friends 4-H Club until this form has been completed by the youth's parent(s)/guardian, or by the individual if he or she is of legally competent adult age of eighteen (18) or older.

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*(Name of youth or adult member)*

-  I / We assume the risks and accept the consequences involved in the participation of said youth or adult member in the Berrien County, Michigan, Best Friends 4-H Club.
-  I / We acknowledge that canines may be dangerous because the dog may, without warning, become aggressive, go into a protective mode, or move into otherwise unpredictable ways.
-  I / We are hereby informed of the possible dangers to myself, my child, and/or my ward, which may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone and joint injury, and exacerbation of chronic conditions.
-  I / We hereby release Michigan State University and the Best Friends 4-H Club, including their instructors, staff, and volunteers, from any liability for injury that may result from participation in Best Friends 4-H Club's Traditional and Non-Traditional Canine Therapy Dog Competition Program and the Traditional and Non-Traditional Canine Training Program.

**I / We have read and fully understand this agreement.**

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Signature of: ☐ Parent/Guardian

☐ Self

Today's Date:

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Witness by:

☐ Coordinator of Best Friends 4-H Club

☐ Co-Coordinator of Best Friends 4-H Club

☐ Secretary for Best Friends 4-H Club

Today's Date:

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